



**ENERGY STAR® Participation Form
for Retailers of ENERGY STAR Eligible Products:**

Partner Name: _____

Date: _____

Partner will promote the following ENERGY STAR certified products. Please select only those check boxes relevant for your organization. If your retail organization also owns a brand and intends to certify products as ENERGY STAR, please fill out the Product Brand Owner Participation Form found at www.energystar.gov/join.

Residential Appliances

- ☐ Clothes Dryers
- ☐ Clothes Washers
- ☐ Dishwashers
- ☐ Refrigerators and/or Freezers
- ☐ Room Air Conditioners

Commercial Food Service Equipment

- ☐ Commercial Dishwashers
- ☐ Commercial Fryers
- ☐ Commercial Griddles
- ☐ Commercial Hot Food Holding Cabinets
- ☐ Commercial Ice Machines
- ☐ Commercial Ovens
- ☐ Commercial Refrigerators and Freezers
- ☐ Commercial Steamers

Home Electronics

- ☐ Audio/Video Equipment
- ☐ Set-top Boxes
- ☐ Small Network Equipment
- ☐ Telephony
- ☐ Televisions

Heating, Ventilation, and AC Products

- ☐ Boilers
- ☐ Central ACs and Air-source Heat Pumps
- ☐ Furnaces
- ☐ Geothermal Heat Pumps
- ☐ Light Commercial HVAC
- ☐ Residential Ceiling Fans
- ☐ Residential Ventilating Fans

Home and Building Envelope Products

- ☐ Residential Insulation Products
- ☐ Roof Products
- ☐ Windows, Doors and Skylights

Lighting Products

- ☐ Decorative Light Strings
- ☐ Lamps
- ☐ Luminaires

Office Equipment

- ☐ Computers
- ☐ Displays
- ☐ Imaging Equipment

Other Products

- ☐ Commercial Water Heaters
- ☐ Computer Servers
- ☐ Data Center Storage
- ☐ Pool Pumps
- ☐ Refrigerated Beverage Vending Machines
- ☐ Residential Dehumidifiers
- ☐ Residential Water Heaters—Solar
- ☐ Residential Water Heaters—Non-solar
- ☐ Room Air Cleaners
- ☐ Uninterruptible Power Supplies
- ☐ Water Coolers

Partner Name: _____
Date: _____

	Primary Contact (if different than Signatory Contact listed in the Partnership Agreement)	Secondary Contact
Contact Name	_____	_____
Title	_____	_____
Company	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Country	_____	_____
Phone	_____	_____
Email	_____	_____

	Secondary Contact	Secondary Contact
Contact Name	_____	_____
Title	_____	_____
Company	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Country	_____	_____
Phone	_____	_____
Email	_____	_____

Return completed Participation Form to:

join@energystar.gov

Or

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